

**Insurance Coverage Continuation Form**  
(during an unpaid Family/Medical Leave)

Name: \_\_\_\_\_ Dates of Leave: \_\_\_\_\_  
(Please Print)

1. I understand that the State's portion of health insurance contributions shall continue during my absence.
2. I understand the State's obligation to continue to contribute to my health coverage ends when:
  - a. I choose not to retain health coverage during my unpaid Family Leave absence as I have indicated above; or
  - b. I fail to return from leave upon schedule, or I inform my employer of my intent not to return. (Upon separation from employment, COBRA insurance continuation provisions may apply.)
3. I understand that if I choose to continue my insurance as indicated above, I will make my share of the payments on the following basis: **(CIRCLE ONE OF THE FOLLOWING)**
  - a. payment made in the month for which premium is due (i.e., June's premium paid by June 30) (Check made out for a monthly amount to the Department of Administrative Services, and delivered to the Administrative Office of the Courts/Probation); or
  - b. prepaid on the following basis: \_\_\_\_\_
4. I understand that while on leave, I will have the same opportunities as other employees to change coverage, plans or benefits (open enrollment opportunities, for example).
5. I understand that if I fail to make my premium payment within thirty days of the due date, the State will discontinue my insurance coverage. Any payments of my share of contributions may be recovered through payroll deduction upon my return to work.
6. I understand the State may recover the State contributions made on my behalf should I fail to return to work upon schedule unless the reason I fail to return is due to:
  - a. a continuation, recurrence, or onset of a serious health condition as defined by the Family and Medical Leave Act; or
  - b. other circumstances beyond my control as defined in the Family and Medical Leave Act.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Judy Beutler, Deputy State Court Administrator**  
**Administrative Office of the Courts/Probation**  
**P. O. Box 98910**  
**Lincoln, NE 68509-8910**